

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF IDAHO (BOISE)

## PROOF OF CLAIM

Name of Debtor  
Katherine L YocomCase Number  
04-01883**NOTE:** This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.Name of Creditor (The person or other entity to whom the debtor owes money or services):  
*Health South Treasure Valley Hospital*☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and Address where notices should be sent:

*Health South Treasure Valley Hospital*  
8800 W Emerald  
Boise, ID 83704-8205☒ Check box if you have never received any notices from the bankruptcy court in this case.  
☐ Check box if the address differs from the address on the envelope sent to you by the court.Telephone Number: *208/373-5000*Account or other number by which creditor identifies debtor:  
# *2020815*Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated: \_\_\_\_\_

## 1. Basis for Claim

- ☐
- Goods sold
- 
- ☒
- Services performed
- 
- ☐
- Money loaned
- 
- ☐
- Personal injury/wrongful death
- 
- ☐
- Taxes
- 
- ☐
- Other \_\_\_\_\_

- ☐
- Retiree benefits as defined in 11 U.S.C. §1114(a)
- 
- ☐
- Wages, salaries, and compensation (fill out below)
- 
- Last four digits of SS #: \_\_\_\_\_
- 
- Unpaid compensation for services performed from
- 6/6/03*
- to
- 6/6/03*
- (date) (date)

2. Date debt was incurred: *6/6/03*

3. If court judgment, date obtained: \_\_\_\_\_

4. Total Amount of Claim at Time Case Filed: \$ *63.82*  
(unsecured) (secured) (priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

- ☐
- Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

- ☐
- Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐
- Real Estate
- ☐
- Motor Vehicle
- 
- ☐
- Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

6. Unsecured Nonpriority Claim \$ *63.82*

- ☒
- Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

## 7. Unsecured Priority Claim.

- ☐
- Check this box if you have an unsecured priority claim

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

- ☐
- Wages, salaries, or commissions (up to \$4,925)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- 
- ☐
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- 
- ☐
- Up to \$ 2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- 
- ☐
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- 
- ☐
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- 
- ☐
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

*6/4/03*

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

*Fran Polatajko, Fran Polatajko, Collector*

THIS SPACE FOR COURT USE ONLY

ECL  
CREDITORS  
CLERK, BOISE

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COURTS

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

STATEMENT TYPE	STATEMENT DATE	TREASURE VALLEY HOSPITAL 8800 W EMERALD BOISE , ID 83704 208-373-5000	PAGE NO 1
POS	06/03/04		

PATIENT NUMBER	MEDICAL RCD-NO	SOCIAL SEC-NO	PAT TYP	HOSP SERV	FIN CLS
2020815	061315	469-07-2089	O	XRY	Q

PATIENT  
NAME AND ADDRESS

GUARANTOR  
NAME AND ADDRESS

KYLEE YOCOM  
2040 SLATON DR  
MERIDIAN ID  
83642

KATHERINE L YOCOM  
2040 SLATON DR  
MERIDIAN ID  
83642

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:	:	:	:
:	DATE	DESCRIPTION-OF-SERVICES	AMOUNT
:	:	:	:
:	06/06	XRAY; URETHROCYSTOGRA 31000241	304.00
:	06/06	INJECT FOR CYSTOGRAPH 31000247	98.00
:	06/06	RENO-DIP 300ML 79000089	58.62
:	07/14	BLUE SHIELD PMT99004	255.29-
:	07/14	COMMERCIAL CONT ADJ ADJ99104	141.51-

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T O T A L 63.82